PA	TENT APPL	CATION	FEE DETER	MINATION R	RECORL	,	Applicat	ion or Doc	ket Nun	nbe
1-		LiteCity	e October 1, 2	2003			/ n	120.	7 /0	
		M3 A5	FILED - PART (Column 1)			SMALL E	NTITY		3/0	_
TOTAL CLAIMS		7	(Column 1) (Column 2)		-	TYPE		OTHER SMALL E	TH EN:	
FOR						RATE	FEE		RATE I	F
TOTAL CI	ARGEABLE CU		NUMBER FILED	NUMBER EXT	RA	Basic fee	385.00	7 F		77
INDEPENDENT CLAIMS		UMIS	7 minus 20=	•	_] [X\$ 9=		Tool x	\$18=	-
MULTIPLE DEPENDENT CLAIM PE			minus 3 =		11	X43=		4° }-		
					$\Pi \vdash$			JOR X	86=	
* If the difference in column 1 is to			than zero, enter	"O" in column 2	_ [+145=		OR +2	90=	
	CLAIMS	AS AME	NDED - PART	· 43		TOTAL		OR TO	TAL	
3-3-	Columi	1 1)	(Colum					01	HER TH	1A
E 2/2	REMAIN	NG	HIGHE	ST	7 -	MALLEN		OR SM	ALL EN	TIT
Total Independ	AFTER AMENDME		PREVIOU PAID FO	SLY EXTRA	" '		ADDI- IONAL	RA	6	0N
Total	. 29	Minu	5 . 2	1	-1 -		FEE		1	FE
Independ	1 3	Minu	5 <	, 	4 L	CS 9=		OR X\$1	8=	
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ろざ	23-00	O				TOTAL		OR +290		_
	(Column t	i)	(Column :	2) (Column 3		T. FEE		OR ADDIT.	TAL EE	
	REMAINING	3	HIGHEST NUMBER		ጛ 	I AF	DI-			
	AMENDMEN	7	PREVIOUS PAID FOR	EXTRA	R/a	TE TIO	NAL"	RATE	AD TIO	
Total Independe	1.31	Minus	-30	. =	11-		E	-	FE	
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THIST PHE	SENTATION OF	AULTIPLE	DEPENDENT CLA	IM D	X4:	3=		X86=		
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	(Column 1)		(Column 2)	(Column 3)	ADDIT.	FEE L	OR	ADDIT, FE	Ε	_
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Total	•	Minus		-	 	FEE	4		FEE	
Independent	•	Minus	***	+	X\$ 9:		OR	X\$18=	l	
FIRST PRESI	NTATION OF ML	ILTIPLE D	EPENDENT CLAIM	, -	X43=	1	OR	X86=		7
he entry in	ma tia ta				+145=	1			-	4
DR THINDOM N.		114 44	tumn 2, write "0" in co dis space is less that dis space is less that		TOTA		JOR	+290=		
e Hinhest Ma	ther Provinces to Dai	d For IN TH	IS SPACE is less the independent) is the	10 3 enter 50."	ADDIT, FE	EL	OR ,	TOTAL DDIT. FEE		7